MaMoni Health Systems Strengthening Project

Quarterly Report
FY14 Q3: April 1-June 30, 2014

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TABLE OF CONTENTS

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Cover Photo Credit: Sabina Yeasmin, Upazila Coordinator, Noakhali Sadar, DORP

Moni in the arms of her father, Mosleh Uddin. She was the first baby born in *Anderchar* UH&FWC in Noakhali Sadar, Noakhali on July 15, 2014. MaMoni HSS project supported the MOH&FW to upgrade this health facility in the previous quarter to conduct deliveries by deploying two paramedics. This clinic, 60km from Noakhali town, has brought delivery services closer to home for about 60,000 people from Noakhali and Lakshmipur districts. The clinic is being maintained by the district family planning department, and all the necessary drugs and logistics are being provided by DGFP.

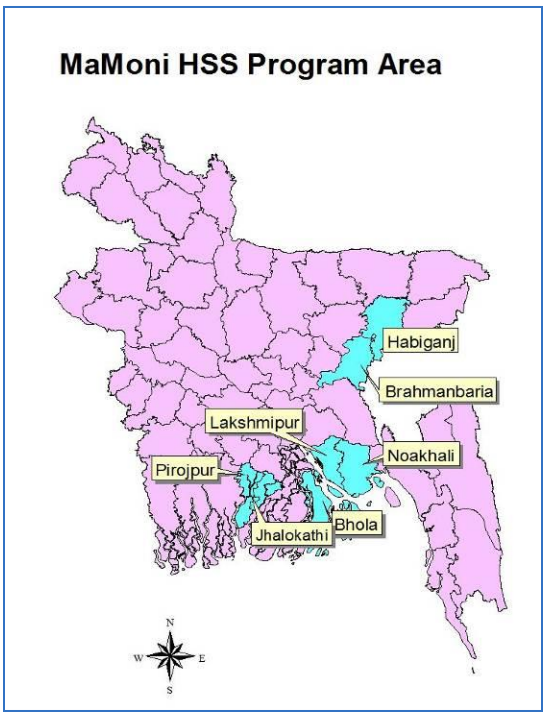
Acronyms and Abbreviations

BCC	Behavior Change Communication
BSMMU	Bangabandhu Sheikh Mujib Medical University
CAG	Community Action Group
CDCS	Country Development Cooperation Strategy
CHX	Chlorhexidine
CIPRB	Center for Injury Prevention and Research, Bangladesh
cMPM	Community Microplanning Meeting
CS	Civil Surgeon
CSBA	Community Skilled Birth Attendants
CV	Community Volunteer
DDFP	Deputy Director Family Planning
DGFP	Directorate General Family Planning
DGHS	Directorate General Health Services
DHSS	District Health Systems Strengthening
ECEB	Essential Care for Every Baby
EPI	Expanded Program of Immunization
GOB	Government of Bangladesh
HBB	Helping Babies Breathe
HMIS	Health Management Information System
HPNSDP	Health, Population and Nutrition Sector Development Program
HRCI	Health Research Challenge for Impact
HSS	Health System Strengthening
IMNCS	Improving Maternal and Newborn Care Services
IR	Intermediate Result
JHU/IIP	Johns Hopkins University, Institute for International Programs
JSI	John Snow, Inc.
JSV	Joint Supervision Visit
KMC	Kangaroo Mother Care
LAPM	Long Acting and Permanent Method
LLP	Local Level Planning
LMIS	Logistics Management Information System
MPDR	Maternal and Perinatal Death Review
MCHIP	Maternal and Child Health Integrated Program
M&E	Monitoring and Evaluation
MNCH/FP/N	Maternal, Newborn and Child health, Family Planning and Nutrition
MOH&FW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
OR	Operations Research
PNGO	Partner nongovernmental organization
PPH	Postpartum Hemorrhage

PPIUCD	Postpartum Intra-uterine Contraceptive Device
QA	Quality Assurance
QPRM	Quarterly Performance Review Meeting
RRQAT	Regional Roaming Quality Assurance Team
SBA	Skilled Birth Attendant
SBM-R	Standard-based Management and Recognition
SC	Save the Children
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOW	Scope of Work
SSN	Senior Staff Nurse
UEHFPSC	Union Education Health and Family Planning Standing Committee
UH&FPO	Union Health and Family Planning Officer
UH&FWC	Union health and family welfare centers
UP	Union Parishad
USAID	United States Agency for International Development

1. Introduction

MaMoni Health Systems Strengthening (MaMoni HSS) project is a four-year Associate Award under the Maternal and Child Health Integrated Program (MCHIP), with a period of performance from September 24, 2013 to September 23, 2017. MaMoni HSS builds on MaMoni's previous work and focuses on strengthening the systems and standards for maternal, newborn and child health, family planning and nutrition (MNCH/FP/N) that will result in declines in maternal, newborn and child mortality within seven districts in Bangladesh. The project supports the Ministry of Health and Family Welfare (MOH&FW) to introduce and leverage support for scale-up of *evidence-based practices* already acknowledged in Bangladesh.



MaMoni HSS is primed by Jhpiego in partnership with Save the Children (SC), John Snow, Inc. (JSI), and Johns Hopkins University (JHU)/Institute of International Programs (IIP), with national partners icddr,b, Dnet, and Bangabandhu Sheikh Mujib Medical University (BSMMU). SC serves as the functional operational lead partner for the Award in Bangladesh. MaMoni HSS engages with local government structures and non-governmental organizations (NGOs) to improve delivery of health services and strategically partner at the national level to build consensus around policies and standards that positively drive evidence-based interventions at all levels.

MaMoni HSS supports the MOH&FW to strengthen the health systems in seven districts – Habiganj, Noakhali, Lakhsmipur, Bhola, Pirozepur, Jhalokathi, and Brahmanbaria. In addition, Sylhet district receives support for targeted newborn care interventions. Implementation in Brahmanbaria district is planned to start in the second year. Habiganj, Noakhali and Lakhsmipur districts received substantial support under the previous MCHIP Field Support funded District Health System Strengthening (DHSS) program, and implementation continues under MaMoni HSS.

2. Program Objectives and Key Activities

The goal of MaMoni HSS is to improve utilization of integrated MNCH/FP/N services and will be achieved through the project objective to increase availability and quality of high-impact interventions through strengthening district-level local management and health systems. This objective is well aligned with the GOB's Health, Population and Nutrition Sector Development Program (HPNSDP) 2011–2016. MaMoni HSS will also directly supports the USAID/Bangladesh Development Objective 3 (DO 3) "Health Status Improved" under the Investing in People Objective, of the Country Development Cooperation Strategy (CDCS) Framework of USAID in Bangladesh.

MaMoni HSS has four intermediate results (IRs). Shown below is a summary of the project's IRs, sub-intermediate results, and the major activities included in the first year workplan.

IR1: Improve service readiness through critical gap management

Sub-IR1.1 Increase availability of health service providers

- Conduct an in depth assessment of service readiness to identify individual facility and community needs vis-à-vis human resources.
- Develop human resource (HR) plan based on local needs and support institutional arrangement for HR development.
- Hire and place project staff in facilities to meet service delivery gaps as a stop gap measure.

Sub-IR1.2 Strengthen capacity of service providers to provide quality services

- Train service providers on evidence-based interventions, including Helping Babies Breathe (HBB) guidelines.
- Develop guidelines and train service providers on essential interventions for pre-term babies.

Sub-IR1.3 Strengthen infrastructure preparedness to improve MNCH service utilization

- Conduct facility assessment to identify strategically located facilities for providing essential maternal, child and neonatal services, especially at the Union level.
- Upgrade facilities to be prepared for delivering the minimum essential package of MNCH/FP/N services.

IR2: Strengthen health systems at district level and below

Sub-IR 2.1 Improve leadership and management at district level and below

- Provide in-service capacity development to district managers and subordinate supervisors through team training.
- Establish a core of trainers with capacity to provide leadership and management training.

- Assist the GOB to develop district-wide plans to regularly monitor and review the performance of MNCH/FP/N indicators and services.

Sub-IR 2 .2 Improve district-level comprehensive planning (including human resources) to meet local needs

- Facilitate district level decentralized planning using locally generated data.
- Develop special strategies and service delivery approaches for hard-to-reach and under-served areas, including urban areas, choar areas and tea estates.

Sub-IR 2.3 Strengthen local management information systems

- Identify and facilitate necessary changes in the field level data collection form to make data comparable between Director General of Family Planning (DGFP) and Director General of Health Services (DGHS) systems.
- Train managers and other key personnel on utilizing data for decision-making and for facilitative supervision.

Sub-IR 2.4 Establish quality assurance (QA) system at district level and below

- Develop and implement QA models at each level of SDP to ensure use of minimum clinical quality standards in the provision of services, in accordance with the national standard operating procedures.
- Scale up the standard-based management and recognition (SBM-R) approach in Habiganj, Noakhali and Lakhsmipur districts.
- Establish Regional Roaming Quality Assurance Teams (RRQAT) to support QA initiatives in district and upazila level facilities.
- Train personnel and support supervisors to undertake supportive supervision.
- Through technical assistance, develop and/or strengthen the supervision system.

Sub-IR 2.5 Develop comprehensive logistic management systems at district level and below

- In collaboration with SIAPS, assess logistics management protocols at various levels of supply chain management to identify barriers to ensuing uninterrupted availability of essential medicines and supplies at the facility and service delivery points.
- Develop practical guidelines for each element of the supply chain at the local level in concert with SIAPS.
- Integrate commodity security into the QA system.
- Coordinate with SIAPS to ensure information flow from the local to national level and to inform national level procurement decisions according to need.

Sub-IR 2.6 Strengthen local government planning and engagement in health service provision

- Orient Union Education Health and Family Planning Standing Committees (UEHFPSC) on MNCH/FP/N and their roles.
- Facilitate the coordination between MOH&FW and local government institutions to strengthen the systems for birth and death registration.

Sub-IR 2.7 Improve local governance and oversight for MNCH/FP/N

- Facilitate activation of UEHFPSCs in areas where they are not functional.
- Train UP members on their roles and responsibilities to address local level MNCH/FP/N issues.
- Engage committee members in community microplanning meetings (cMPM), community action group (CAG) meetings and Community Groups of community clinics, and to visit service delivery points such as satellite clinics, EPI sessions, Long Acting and Permanent Method (LAPM) camps and UH&FWCs.

IR3: Promote enabling environment to strengthen district-level health systems

Sub-IR 3.1 Policy reforms in place to promote local planning and need-based human resource deployment in the public sector

- Advocate to the ministry to generate a government order for local level planning and budgeting
- Advocate for national level support for MIS improvements.
- Support districts in the development of high quality operational plans and budgets related to health service delivery.
- Develop a mechanism for districts to share the local level experience with MOH&FW.

Sub-IR 3.2 Strengthen advocacy and coordination for adoption of evidenced-based learning in national policy and program

- Identify learning opportunities on an ongoing basis and conduct operational research to inform program implementation decisions
- Advocate for the scale-up of evidence-based maternal and newborn interventions, including the four new newborn interventions identified in the Promise Renewed Plan of Action for Bangladesh.
- Engage Ambassadors and champions as important catalysts for change to stimulate policy-making and mobilize advocates.

IR4: Identify and reduce barriers to accessing health services

Sub-IR 4.1 Promote awareness of MNCH through innovative BCC approaches

- Develop and implement a mixed-method communication campaign designed to catalyze behavior change in target groups.
- Use *Aponjon* technology to disseminate health messages to target populations.
- Establish BCC units with implementing partner NGOs (PNGOs) and at the district level.

Sub-IR 4.2 Enhance community engagement in addressing health needs

- Form and support CAGs.
- Recruit, train and support community volunteers.
- Support the CAG to develop emergency transport systems for referral transport.

3. Results for the Quarter

3.1 Summary of Major Accomplishments

Project Start-up

- All eleven implementing PNGOs are on board, and the new district and upazila level staff were oriented to the project during a three-day orientation, conducted in three batches.

IR1. Improve service readiness through critical gap management

- District-level situational analyses were completed in Habiganj, Noakhali and Lakhsmipur districts to identify critical gaps in health workforce and physical infrastructure for providing integrated MNCH/FP/N services at all levels. The same process is underway in Bhola, Pirozepur and Jhalokathi districts and will be completed in the fourth quarter. This analysis has helped the MOH&FW and project staff to prioritize project inputs in the most strategic locations. In the three districts where implementation is in progress (Habiganj, Noakhali, and Lakhsmipur), the project is currently supporting 64 paramedics, 108 community health workers (CHWs), and 18 nurses to fill critical HR gaps. The data available from the initial period shows consistently high levels of utilization of services in the areas where the project is supporting critical gap management.

- The project continues to provide capacity-building support to the MOH&FW to scale up evidence-based maternal and newborn care interventions at national scale. MaMoni HSS supported the introduction of 7.1% Chlorhexidine digluconate (CHX) application for umbilical cord care at health facility and community levels in the Bahubal upazila of Habiganj in March 2014. The project has also been supporting the national scale up of the provision of misoprostol to prevent post-partum hemorrhage for women delivering at home. Having completed the roll-out of HBB in all 64 districts under MCHIP, which reached a total of 23,579 skilled birth attendants (SBAs), MaMoni HSS is now focusing on the provision of refresher trainings and the expansion of the package to include the Essential Care for Every Baby (ECEB) module. These activities will ensure that these life-saving interventions are available to mothers and newborns beyond the MaMoni HSS directly supported districts.

- MaMoni HSS supported three UH&FWCs in Noakhali district to start providing normal delivery services 24 hours a day, seven days a week. The project-supported paramedics were placed in these facilities after three-week rotations at the district hospital. DGFP provided the equipment and supplies to start the services. The first delivery in one of these upgraded UH&FWCs was conducted on July 11, 2014.

IR2. Strengthen health systems at district level and below

- The QA framework was developed and implementation started in Habiganj, Noakhali and Lakhsmipur districts. SBM-R is now implemented in 30 facilities in three districts. This will ensure pregnant women, mothers and their newborns utilizing the facilities receive the appropriate preventive and curative interventions that they need in a timely manner.

- Building on the successful experience from Habiganj district, MaMoni HSS has supported the scaling up of cMPMs in Noakhali and Lakhsmipur districts. The initial training of cMPM participants has been completed, reaching 2,125 participants, and cMPM meetings have started in all unions of these two districts. In June 2014, a total of 762 cMPM meetings were held in the three districts.

IR3. Promote an enabling environment to strengthen district-level health systems

- MaMoni HSS facilitated a national level policy dialogue on increasing skilled attendance at birth by strengthening union level facilities. The discussions resulted in a firm commitment from the GOB to scale up the strengthening of all UH&FWCs in the country to provide round-the-clock services for conducting normal deliveries.

- Priority areas for operations research were identified (see additional information in section 1.2.4 below).

IR4. Identify and reduce barriers to accessing health services

- Community Volunteers (CVs) selected and CAGs initiated in Habiganj, Noakhali and Lakhsmipur districts. By the end of the quarter, a total of 26,930 CVs were in place to mobilize communities and to disseminate key MNCH/FP/N messages in these three districts.

- Engagement of local government institutions, especially the Union Parishads (UPs) to improve MNCH/FP/N in their communities. As a result of the project's advocacy and facilitation, a majority of the UPs are now allocating budgets for MNCH/FP/N activities. In 2014, a total of 142 UPs in three districts have allocated over BDT 20 million (approx. US$260,000) to implement MNCH/FP/N activities in the 2014-15 fiscal year period.

3.2 Narrative Report of Major Accomplishments

3.2.1 Project Start-up

MaMoni HSS completed most of the planned project start-up activities in the three new districts during the third quarter. These included the recruitment and orientation of staff for Bhola, Pirozepur, and Jhalokathi districts, setting up district level offices, conducting orientation meetings with key government officials and partners, and orienting all district level staff, including the 11 implementing partners, on the project design. Additional operational guidelines and project monitoring tools were developed and introduced to implementation teams. The project also completed a detailed assessment of the environmental impact of project interventions, developed mitigation plans, and built the capacity of project staff and partners for continuously monitoring and mitigating risks. The draft Environmental Monitoring and Mitigation Plan (EMMP) has been submitted to USAID for review and concurrence. Based on feedback received from the Mission Environmental Officer, the revised documents will be submitted in the next quarter to complete the approval process. Highlighted below are key accomplishments during the quarter:

(i) *Development of project operational guidelines and tools.*
Drawing from experiences with implementation under MCHIP, the project team developed detailed operational guidelines and tools to guide district-level MOH&FW counterparts as well as project staff and partners. The following new operational guidelines have been developed and shared with project staff:

- Recruitment, training, and deployment of private C-SBAs in hard-to-reach areas.
- Strengthening health care facilities at various levels

(ii) District-level implementing partners deployed in all districts

In addition to the six existing PNGOs in Habiganj, Noakhali, and Lakshmipur, five new PNGOs began implementation in April 2014 for Bhola, Pirozepur, and Jhalokathi districts. The detail of the geographic allocation for each PNGO was reported in the previous quarterly report (and is included in Annex 2). The collaboration with BRAC in Pirozepur district is facilitating joint implementation in two upazilas in Pirozepur, namely Nazirpur and Bhandari. In these areas, MaMoni HSS builds on BRAC's existing initiatives under the Improving Maternal, Neonatal and Child Survival (IMNCS) project in the district. The cadre of *Shwaathya Sebikas* (SS) established by BRAC are leading the community mobilization initiatives of MaMoni HSS, similar to efforts made by CVs in other districts. During the first six months, the collaboration will work in two upazilas, later be expanded to other areas.

3.2.2 Improve service readiness through critical gap management

(i) Managing critical gap of health workforce to provide comprehensive MNCH/FP/N services at health facility and community levels:

MaMoni HSS facilitated a comprehensive workforce needs assessment in three districts during the previous quarter and a rapid assessment in three new districts during the third quarter, which showed that many positions of Family Welfare Visitors (FWVs), Family Welfare Assistants (FWAs), and Senior Staff Nurses (SSN) are vacant in the six districts, which are critical gaps in the provision of MNCH/FP/N services. Additionally, several of the FWVs are not regularly available at the union level facilities due to their responsibilities at higher-level facilities or due to absenteeism. In addition, many facilities that are designated for provision of comprehensive emergency obstetric and newborn care (CEmONC) services are non-functional due to the unavailability of anesthesiologists, gynecologists, and/or CEmONC-trained surgeons. These vacancies pose serious challenges in improving access to essential life-saving services for mothers and newborns, especially for those requiring emergency referral.

The project supported three districts with critical human resource gap management through temporary NGO service provider recruitment. During the quarter, the project addressed the vacancies in FWV and FWA positions in selected facilities in Habiganj, Noakhali and Lakhsmipur districts, while continuing to advocate for long-term solutions by filling the vacancies through GOB recruitment.

Table 1: Summary of critical health workforce gap management provided by MaMoni HSS in six districts

District	FWA		FWV		Nurses		Total	
	Vacant Posts	MaMoni HSS Support	Vacant Posts	MaMoni HSS Support	Vacant Posts	MaMoni HSS Support	Vacant Posts	MaMoni HSS Support
Habiganj	31	41	30	38	28	15	89	94
Noakhali	81	52	8	15	61	0	150	67
Lakshmipur	27	15	27	11	45	3	99	23
Bhola	50	0	12	0	30	0	92	0
Jhalokathi	32	0	9	0	2	0	43	0
Pirozepur	11	0	22	0	6	0	39	0
Total	**232**	**108**	**86**	**64**	**171**	**18**	**512**	**184**

In some cases, the number of paramedics deployed exceeds the number of vacant FWV positions. The project deployed additional paramedics in several union level facilities to fill the gaps due to service providers' absenteeism or responsibilities at higher level facilities as well as to meet the requirements for the provision of 24/7 services. Also, MaMoni HSS provided additional paramedics in facilities that are providing 24/7 services.

(ii) Supported health facility preparedness for MNCH/FP/N services:

MaMoni HSS facilitated a systematic process to identify health facilities that are strategically located to provide an upgraded package of integrated MNCH/FP/N services. These facilities, mostly located at the union level, have the potential to provide a comprehensive package of services, including 24/7 delivery care, with some additional inputs, such as renovating physical infrastructure, filling vacant positions or deployment of additional paramedics, training of staff, and providing essential equipment and supplies. As part of the plan for upgrading the services of these facilities, the project is conducting a detailed assessment of the physical infrastructure improvements needed for each of these facilities, along with the assessment of environmental impact and mitigation plans.

During this quarter, MaMoni HSS supported three new UH&FWCs in Noakhali district to start providing 24/7 delivery services, bringing the total in three districts to 16. Six more facilities are providing improved MNCH/FP/N services, but have yet to start 24/7 delivery services. Five additional UH&FWCs have been identified in Noakhali and Lakhsmipur districts where the project will support facility renovations so as to provide 24/7 delivery services. During this quarter, a joint team of MaMoni HSS, DGHS, OGSB and Civil Surgeons (CS) completed the assessment of the Lakhsmipur district hospital to determine the support needed to provide CEmOC services, including advanced care for sick newborns. Based on the assessment, a plan for renovation and upgrade of services, including the establishment of a Special Care Newborn Unit (SCANU) has been incorporated into the workplan for the second year.

(iii) Capacity-building support for MOH&FW to scale up evidence-based maternal and newborn care interventions at a national scale:

MaMoni HSS continued to support the MOH&FW to scale up evidence-based maternal and newborn care interventions at national scale. In the last quarter, MaMoni HSS supported the introduction of 7.1% CHX application to improve umbilical cord care in Bahubal upazila of Habiganj in March 2014. During this quarter, the first three months of implementation, a total of 253 newborns benefited from the intervention, representing an estimated 60 percent coverage. MaMoni HSS also supported the testing of the global training materials for antenatal corticosteroids. The project continued to support the national scale up of the provision of misoprostol to prevent post-partum hemorrhage for women delivering at home by supporting the national TOT as well as supporting the roll out in three project districts.

MaMoni HSS also supported the competency-based training of health service providers in a number of MNCH/FP/N technical areas. Having completed the roll-out of HBB under MCHIP, MaMoni HSS is focusing on improving the quality of implementation through refresher trainings and supervision visits to the health facilities. During this quarter, 342 SBAs were trained on the HBB curriculum, which includes 133 private facility providers

and 209 government providers. In addition, 1,074 SBAs were observed in 82 HBB refresher sessions. CS and the Deputy Directors of Family Planning (DDFP) conducted 31 visits to SBA trainings at the district and upazila levels in four districts. Master trainers and trainers from BSMMU visited seven SBA training sessions that helped to improve the overall quality of trainings. The project also supported the expansion of the package to include ECEB. These activities will ensure that these life-saving interventions are available to mothers and newborns beyond the MaMoni HSS directly supported districts.

3.2.3 Strengthen health systems at district level and below

(i) Health systems gap analysis:

MaMoni HSS conducted an extensive situation analysis in the focus districts and at the national level to identify systems issues that affect rapid and effective scale up of essential MNCH/FP/N interventions. The analysis identified issues that need to be addressed through longer term reforms and recommended doable solutions. This analysis also provides the basis for MaMoni HSS's system strengthening approach which includes workforce management and quality implementation at the district level and below. The findings from the gap analysis will be used extensively to refine the program's advocacy agenda as well as to refine health systems interventions.

(ii) MaMoni HSS inputs aligned with HPNSDP Operational Plans:

HPNSDP 2011-2016 has 32 Operational Plans (OPs). MaMoni HSS has initiated discussions with the key Line Directors in DGFP, DGHS, and MOH&FW to develop a common understanding of how MaMoni HSS inputs would contribute to achievements of the objectives laid out in the OPs. During this quarter, MaMoni HSS met with seven key Line Directors, and obtained agreements on a joint workplan for those specific OPs. As a result, the project's inputs in health systems strengthening will be integrated in the national plan directly. As a key informant, MaMoni HSS is also contributing to the mid-term review process of the Sector Plan scheduled between July and September 2014. A key part of this process is revising the OPs to include key MNCH/FP/N services and approaches as appropriate. This process will also lead to development of the next sector program (2016-2021). MaMoni HSS is well positioned to influence these key areas.

(iii) Quarterly Performance Review Meetings (QPRM) initiated in Noakhali and Lakhsmipur districts:

In April, Noakhali and Lakhsmipur districts held the first QPRM and agreed to conduct these meetings on a regular basis. These meetings carefully reviewed the status of key MNCH/FP/N indicators at the upazila and district levels and discussed the key bottlenecks and challenges affecting performance. It was also agreed that such regular joint reviews will be held at the upazila level also. The first QPRM also helped to resolve one of the long-

standing issues related to incomparable population data and denominators that were used by DGHS and DGFP staff.

(iv) Community microplanning initiated in two more districts:

Building on the successful experience from Habiganj district, MaMoni HSS supported the scaling up of cMPMs in Noakhali and Lakhsmipur districts. The initial training of cMPM participants was completed, reaching 2,125 participants, and the cMPMs started in all unions of these two districts. By June 2014, a total of 762 cMPM units were conducting monthly meetings, including 281 from Noakhali and Lakhsmipur districts.

(v) Development and Implementation of Quality Assurance (QA) Initiatives:

MaMoni HSS has developed a comprehensive QA framework, detailed operational guidelines, and tools to facilitate implementation. The SBM-R tools have been simplified and translated into local language to improve the ease of implementation. MaMoni HSS dialogued with several Line Directors of DGHS and DGFP and organizations implementing QA projects, such as JICA, NHSDP, CIPRB, EngenderHealth, and UNICEF to develop a consensus on coordination mechanisms for rolling out quality improvement programs. The stakeholders agreed to work on a single platform to avoid duplication.

The project started implementation of the various QA steps in Habiganj, Noakhali, and Lakhsmipur districts. Currently, a total of 30 health facilities are implementing SBM-R. From the 25 health facilities added in phase 2, a total of 190 GOB providers have been trained on Module 1 of SBM-R. In addition, 25 participants from the five phase 1 facilities received training on Module 2. The previous quarterly report had summarized the improvements in quality of care standards documented in five health facilities in Habiganj district between the baseline assessment conducted in July-August 2013 and the first internal assessment conducted in January-February 2014. The results from the second internal assessments will be available in the following quarterly report.

A review of the existing supervision system, conducted in the previous quarter, revealed a gap in the system, particularly at the field level. MaMoni HSS developed three sets of training materials for conducting joint supervision visits at different levels: basic supervisory skills (including supportive supervision); supervision checklists for first line supervisors; and supervision checklists for second line supervisors of community workers. These materials are available in both Bangla and English. MaMoni HSS has also developed a guide for upazila level managers (government and MaMoni staff) to develop a joint monthly supervision plan covering health facilities and community level clinics. These tools and guidelines will be used to orient all supervisors of Habiganj, Noakhali and Lakshmipur districts in the fourth quarter, and the remaining districts in the following year.

MaMoni is working with the Center for Injury Prevention and Research, Bangladesh (CIPRB) to review the existing tools for maternal and perinatal death reviews (MPDR) to

determine how the approach could be simplified and scaled up through the MOH&FW system. Initially, the tool will be introduced in Noakhali district in the fourth quarter, with Habiganj and Lakshmipur expected to begin in the following year. MaMoni HSS has initiated discussions with OGSB and DGFP to form a RRQAT to support QA and clinical supervision. A concept note has been drafted to introduce three teams for Sylhet, Chittagong, and Barisal divisions to cover all seven project districts, linking them to the medical colleges, and regional chapters of the professional bodies (OGSB, BPS). MaMoni HSS expects that through focused supervision and mentoring, the clinical skills and motivation of the service providers will increase substantially.

(vi) Other health systems strengthening initiatives:

MaMoni HSS collaborated with the Health Research Challenges for Impact (HRCI) project of JHU and Department of Public Health Informatics of BSMMU to conduct a series of consultations to develop a Strategic Leadership and Management Training Program (SLMTP) for Civil Surgeon (CS) and Deputy Director Family Planning (DDFP). The course curriculum was finalized in May. Ten course facilitators were selected by Save the Children and BSMMU, and completed a 10-day training of trainers (ToT) conducted by two Master Trainers from Johns Hopkins Bloomberg School of Public Health. The ToT comprised a field visit to the work places of the CS and DDFP of Gazipur District, followed by a three-day course on training methodologies and facilitation skills. Based on feedback from the ToT, the curriculum and course manuals were modified before the first course batch was offered to 10 district managers in July. Under HRCI, BSMMU already has a plan to train all district level managers using the same curriculum. Under MaMoni HSS, BSMMU will train all upazila level managers from the seven MaMoni HSS districts using the SLMTP curriculum. The training for upazila level managers will begin in August 2014.

MaMoni HSS continued to support the pilot implementation of the Routine Health Information System (RHIS) in Chunarughat upazila of Habiganj. The new simplified MNH register for FWV, which was developed based on MaMoni's pilot initiative in Poil Union, has now been finalized for national roll out.

3.2.4 Promote an enabling environment to strengthen district-level health systems

(i) Successful advocacy for scaling up UH&FWC improvements for 24/7 normal delivery services

MaMoni HSS organized an advocacy meeting with three ministries and development partners to share lessons from improving four UH&FWCs in Habiganj to conduct 24/7 normal delivery services. In four health facilities (Shibpasha, Murakuri, Kakailseo and Daulatpur UH&FWCs), skilled attendance at birth has reached above 60 percent, 10

percent more than the national target of 2016, and the projected maternal mortality ratio has dropped approximately by 25 percent in one year.

Figure 2: Mr. Md. Nasim MP, Minister, MOH&FW, committed to support scaling up of union level 24/7 delivery center model

Mr. Md. Nasim MP, the Minister for MOH&FW, Ms. Meher Afroze Chumky MP, the Minister for Ministry of Women and Children Affairs, and Mr. M A Mannan MP, the State Minister for Ministry of Finance and Ministry of Planning attended this event and provided their commitment to help scale up the MaMoni model for upgradation to cover all 4,000+ health facilities at the union level. A series of follow up meetings were held at the secretariat under the chair of the Secretary, MOH&FW to identify the next steps for scaling up the model. Subsequently, MaMoni HSS has drafted a national scale up plan, which will be shared with the MOH&FW for finalization.

(ii) Operations research (OR) areas identified:

MaMoni HSS and icddr,b have jointly developed the methodology for first three OR studies to be conducted in Habiganj district:

- Quality of long acting and permanent methods (LAPM) services: observation of 105 LAPM services in three areas: screening for eligibility criteria; quality of surgery by trained providers; and patient advice on post-surgical complications.
- Use of partograph as a tool for decision-making: review of 494 partographs from five health facilities (collected during the last year) to assess to what extent partograph is used for decision making during labor by health care providers.
- Comparison of different models for distribution of misoprostol: The OR will compare the distribution through the FWVs with the community-based distribution through FWAs and CHWs and assess the differences in coverage and quality of counseling and information provided to the clients.

(iii) Orientation of local journalists on maternal health in two districts:

MaMoni HSS conducted orientations for 73 local journalists on maternal health in Habiganj and Noakhali districts. In both batches, the CS and DDFP of the respective districts were present, and participated in the discussions on the maternal health situation of the district, the national context, and the role of journalists in reporting health issues and informing their leaders. The orientation was well-received by the MOH&FW district level staff, as this supported them to present their achievements and challenges to the journalists.

(iv) Observation of Safe Motherhood Day (SMD) 2014 at district and national level

In May, MaMoni HSS engaged the MOH&FW, local government representatives, and district administration officials to visit the families of every single mother who died between May 2013 and April 2014 in Habiganj, Noakhali, and Lakshmipur districts and ensured renewed commitments from these officials to prevent maternal deaths. Families of 88 mothers of Habiganj, 108 mothers of Noakhali, and 58 mothers of Lakshmipur were visited. These experiences were shared at the district level on SMD, May 28, 2014. This initiative also highlighted the need for better identification and documentation of maternal deaths. In Noakhali, for example, 55 maternal deaths were reported through the routine MIS, but 108 deaths were identified through community consultations. MaMoni HSS also supported observation of SMD at the national level through DGHS. MaMoni HSS produced five short video clips with MCHIP brand ambassadors and Ms. Meher Afroze Chumky MP, State Minister, Women and Children Affairs for YouTube shared through social media.

See Annex 1 for select photos from SMD observations.

3.2.5 Identify and reduce barriers to accessing health services

(i) Community Volunteers and Community Action Groups initiated in all three districts:

Additional CVs were identified in Habiganj district to realign the population ratio of one CV per 250 people from the current ratio of 300 people, and also to fill the vacancies due to attrition. In Habiganj, 8,214 CVs are now in place, regularly facilitating CAG meetings and participating in the cMPMs with the FWAs and HAs as per the schedule. The data indicates that 99 percent of scheduled cMPMs took place during the reporting period. In Noakhali and Lakhsmipur, 18,716 CVs are now facilitating the formation and regular meetings of CAGs.

From January 2014-June 2014, MaMoni HSS-supported CVs referred 989 clients for LAPM in Habiganj district, which represents 25.2 percent of all LAPM services provided in the district.

(ii) Engagement of the local government institutions, especially the Union Parishads in improving MNCH/FP/N in their communities:

MaMoni HSS continued to engage with the local government institutions, especially the Union Parishads to enhance their role in improving MNCH/FP/N outcomes in their communities. During the quarter, the project staff and partners attended Ward level meetings, which are scheduled in preparation for the annual budget discussions at the UP level. As a result of the project's advocacy and facilitation, a majority of the UPs are now allocating budgets for MNCH/FP/N activities. This year 180 UPs in three districts have

allocated over BDT 20 million (approximately US$260,000) to implement MNCH/FP/N activities identified.

Table 2: Status of engagement of UPs in MNCH/FP/N issues (May-June 2014)

District	Percent of Union Parishads allocated budget for MNCH/FP/N	Percent of Union Parishads with active UEHFPSC
Habiganj	88	100
Lakhsmipur	55	34.8
Noakhali	53	46.5

3.2.6 Challenges, Solutions and Action Taken

During the quarter, MaMoni HSS implementation progressed without any major hurdles. A few of the planned activities could not be completed during the quarter owing to various internal and external factors. Some of those are summarized below:

- The project faced some turnover of key staff at the district level. Recruiting and retaining qualified personnel, especially for clinical and quality assurance roles, remains a challenge. The project has now completed recruitments to fill all the vacancies. The newly recruited personnel are expected to be on board by the end of August.
- Vacancies of key service providers, supervisors, and managers in MOH&FW at various levels continue to pose challenges. High turnover of district level managers due to transfers and retirement poses challenges in ensuring continuity of program leadership at the district level.
- Unavailability of some of the essential medical supplies, such as test kits for ANC, from the MOH&FW supply chain remains a challenge. The project has been able to mobilize non-USAID funds to supplement the government supplies on a temporary basis. Efforts are ongoing to advocate for procurement of sufficient quantities through the GOB supply chain system.
- The environmental assessment and compliance plans have not yet been finalized, which has delayed the start of all renovation-related under the project in the first year. The project is working on the feedback from the Mission Environmental Officer to re-submit the documents for final approval.

4. The Way Forward

Key Activities Planned for the Next Quarter

General Project Start-up

- Re-submit the EMMP along with the Environmental Manual, addressing the feedback received from the Mission Environmental Officer
- Orient newly recruited staff
- Conduct divisional and district level orientation meetings with MOH&FW and other stakeholders in the new districts
- Complete the job description-based training of project and partner staff in the new districts
- Complete the gender analysis for the project and develop an action plan for integrating recommendations in operational strategies

Intermediate Result 1:

- Complete the workforce gap management assessment in new districts and finalize plans for gap management
- Complete recruitment of staff for district / upazila facilities, including recruitment of doctors and nurses in Hatiya upazila health complex to provide emergency obstetric care services
- Complete the recruitment of all gap management staff, including training and deployment to upgraded UH&FWCs
- Complete the selection of private CSBAs in Noakhali and Lakhsmipur districts
- Identify strategically located facilities for upgrades in new districts and conduct assessments for renovation requirements
- Finalize the renovation plans for Lakhsmipur district hospital, including the requirements for establishing SCANU
- Finalize the proposals for renovation of five UH&FWCs in Noakhali and Lakhsmipur and obtain approval from USAID and MOH&FW
- Complete the competency based training of service providers, including basic training of CHWs in Noakhali and Lakhsmipur, IMCI training for SACMO in Habiganj, training on AMTSL, partograph and infection prevention for DH and MCWC in Habiganj, misoprostol orientation at upazila level in Noakhali and Lakhsmipur, training on post-partum IFA supplementation and on CMAM in Madhabpur upazila of Habiganj
- Share newly developed training packages at national level for training of CHWs and the combined package on AMTSL, use of partograph, and management of eclampsia
- Conduct national level ToT on the new packages
- Continue refresher trainings of SBAs on HBB
- Conduct ToT on HBB plus package

Intermediate Result 2:

- Complete facilitation of LLP three districts
- Collaborate with BSMMU to train district and upazila level managers on leadership and management skills. Complete one batch for district managers and one batch for upazila level managers from new MaMoni HSS districts
- Conduct QPRM in three districts
- Conduct second internal assessment of phase 1 SBM-R facilities in Habiganj and baseline assessment in 25 phase 2 facilities in three districts
- Finalize the tools and guidelines for joint supervision visits (JSV) and roll out JSV strategy in three districts
- Finalize the tools and guidelines for MPDR and begin implementation in Noakhali district
- Finalize the discussions with professional bodies to form RRQAT in one region (Sylhet) and start implementation in Habiganj district
- Complete the assessment of logistics management systems in Lakhsmipur district in partnership with SIAPS
- In collaboration with SIAPS, introduce paper-based LMIS tools for DGHS in Lakhsmipur district
- Finalize the modified FWV register (MNH register) for FWVs with icddr,b and DGFP/MIS and start roll out in Habiganj district

Intermediate Result 3:

- Begin implementation of three ORs (with icddr,b) on LAPM service quality, use of partograph, and distribution channels of misoprostol, and then begin consultation on new program learning questions
- Follow up on national level advocacy initiatives to increase skilled attendance at birth by strengthening union level facilities. Support the MOH&FW to finalize the national action plan and support implementation in MaMoni HSS districts
- Support World Breastfeeding Week activities at national and district levels
- Participate in mid-term review (MTR) process of HPNSDP and facilitate integration of proven practices, including activities supported by MaMoni HSS, in OPs of MOH&FW
- Conduct monthly meetings with Line Directors
- Advocate at national level to expedite the recruitment and deployment of critical human resources in health facilities in MaMoni HSS districts
- Finalize the health systems gap analysis and share the findings with MOH&FW and key stakeholders

Intermediate Result 4:

- Support full implementation of targeted BCC activities through the BCC Units established by the PNGOs in districts
- Support full integration of *Aponjon* activities with MaMoni HSS. Facilitate customer acquisition through the network of CHWs and PNGO staff in MaMoni HSS districts
- Initiate pilot implementation of strengthened vital registration system through improved coordination between MOH&FW and MOLG&RDC in four unions of four districts
- Develop referral strengthening plans in Noakhali and Lakhsmipur districts, including plans for efficient use of project supported transport systems

Monitoring and Evaluation

- Start Tracer Indicator Survey in Bhola, Jhalokathi and Pirozepur districts
- Complete roll out of project MIS in all districts, including the establishment of project database
- Conduct data quality assessments

Annex 1. Photos from Observation of Safe Motherhood Day (May 28)

Noakhali Stakeholder Orientation

Discussion in Hatiya

Rally in Lakhsmipur

Journalist orientation in Noakhali

UH&FPO and UFPO, Kabirhat, Noakhali visiting a family who lost a mother during childbirth

YouTube screenshot of message by Meher Afroze Chumki, State Minister, MOWCA

Annex 2. Geographic Allocation of Implementing Partner NGOs

District	Name of the PNGO	Coverage Areas
Habiganj	Friends in Village Development Bangladesh (FIVDB)	Nabiganj, Ajmeriganj, Baniachang, Chunarughat
	Shimantik	Madhabpur, Sadar, Lakhai, Bahubol
Noakhali	Resource Integration Center (RIC)	Hatiya Upazila
	Bangladesh Extension Education Services (BEES)	Begumganj, Companiganj, Kobirhat, Senbag
	Development Organization for the Rural Poor (DORP)	Chatkhil, Sadar, Sonaimuri, Subornachor
Lakhsmipur	*Dustho Shwasthyo Kendra* (DSK)	Sadar, Ramganj, Raipur, Ramgoti, Komolnagar
Bhola	Eco-Social Development Organization (ESDO)	Sadar, Borhanuddin, Daulatkhan
	Sushilan	Tazimuddin, Lalmohon, Charfasion
	COAST	Maunpura upazila
Pirozepur	Eco-Social Development Organization (ESDO)	Sadar, Najirpur Nesarabad
	Light House	Zianagar, Kaukhali, Vandaria, Mothbaria
Jhalokathi	Partners in Health Development	All four upazilas

Annex 3: A Short Report on National Newborn Advocacy

District sensitization meeting in Narayanganj

MaMoni HSS supported the Bangladesh Perinatal Society (BPS), Bangladesh Neonatology Forum (BNF) and Obstetrics and Gynecology Society of Bangladesh (OGSB) in sensitizing the doctors at district level on the four new interventions adopted by the MOH&FW in its campaign to end preventable child deaths by 2035. These are antenatal corticosteroids for threatened preterm labor, CHX for cord care, Kangaroo Mother Care (KMC) for management of preterm/low birth weight babies, and se of injectable antibiotics for newborn sepsis management at the primary care level.

A total of 17 district meetings (all the districts under Dhaka division) were held during this quarter, reaching 698 participants including the district and upazila level health and family planning managers, consultants, nurses, leaders of professional bodies, and development partners. With these meetings, MaMoni HSS has now have covered the whole country with such sensitization activities.

Support of Operation Pacific Angel in Helping Babies Breathe Training

United States Army's Operation Pacific Angel Initiative and Bangladesh Air Force jointly organized a batch of Helping Babies Breathe (HBB) newborn resuscitation trainings in LAMB Hospital in Dinajpur District.

27 Participants, including 6 doctors were trained on bag-and-mask resuscitation using HBB protocol.

mannequin

Annex 4: Case Studies

(a) MaMoni Paramedic Saves Mother and Newborn in Lakshmipur: Conducts Complicated Delivery and Appropriately Refers to District Hospital

Hasina Begum with her newborn.
Photo Credit: *Kamruzzaman, Upazila Coordinator, Sadar Upazila, Lakshmipur. MaMoni-HSS Project*

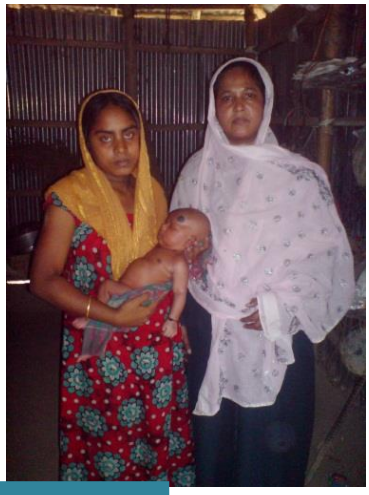
Purba Aladapur Village, Hajir Para Union, Lakhsmipur Sadar Upazila, Lakhsmipur District, Chittagong Division: Hasina Begum, 25, was early in her third trimester when her water broke. It was March 16, 2014 when she felt the contractions, and she and her husband Ali Arjon immediately contacted Ismat Ara to attend to Hasina. Israt is a paramedic deployed by MaMoni Health Systems Strengthening (MaMoni HSS) who worked to fill the vacancy of a Family Welfare Visitor (FWV) in Lakshmipur Sadar upazila. Ismat's initial recommendation was to transfer Hasina immediately to Uttor Joypur Union Health & Family Welfare Centre (UH&FWC), which was the nearest union level facility. Ismat was familiar with Hasina's condition from the antenatal care (ANC) sessions she had provided at the facility. She knew that Hasina was anemic and had previously delivered a stillborn in her seventh month of pregnancy.

During check-up, Ismat found that the head of the newborn was already engaged and so she decided to conduct the delivery at the UH&FWC with the assistance of another MaMoni HSS-deployed paramedic, Fatima Begum. The delivery was successfully conducted, but Hasina's condition deteriorated soon after delivery. She started bleeding profusely and fell unconscious. The premature baby also looked fragile and barely weighed 1800 grams. Ismat urgently requested Ali to transfer both Hasina and her newborn to Lakshmipur District Hospital. Mother and newborn were immediately taken there where they were admitted for five days. Hasina and her newborn recovered, and on their return she told Ismat, "God saved my life because you were present there."

Paramedic Ismat had received training on Skilled Birth Attendance from *Gonoshasthaya Kendra*, a private institution, before she was deployed by MaMoni HSS at the UH&FWC. She provides counseling on ANC, postnatal care (PNC), family planning, child health, general health services, and also conducts safe deliveries. She was able to refer Hasina to a higher facility at a crucial point of time. Ismat expressed, "I helped save a mother's life by working as a paramedic."

Fourteen paramedics are deployed by MaMoni HSS in strategically located areas in Lakshmipur District for critical gap management. They are providing ANC and PNC services to pregnant and lactating mothers from the union level facilities and through satellite services. Uttar Joypur UH&FWC does not offer round-the-clock delivery services but has been identified by MaMoni HSS for renovations and upgrades in order to offer those 24/7 services in the near future.

(b) Mother grateful to Community Skilled Birth Attendant for saving her son



HBB trained Rebeka Sultana (right) with the baby and mother in picture. Photo credit: Sarwar Topu, DSO

Birth asphyxia (inability to breath immediately after birth) is a major cause of neonatal death in Bangladesh. Presence of skilled birth attendants during delivery could save lives in such cases. This is a story of Sajeda Khatun (age 16 years) and Rebeka Sultana, a Community Skilled Birth Attendant (CSBA), who saved Sajeda's newborn at birth.

Sajeda Khatun, wife of Sujon Miya (age 25 years), conceived just a year after their marriage, and both of them were aware of the danger signs of pregnancy. She visited the local UH&FWC three times during pregnancy for antenatal care (ANC) checkups, where she also received iron folic acid tablets. She was advised by the service provider to have an ultra-sonogram during her last ANC visit, from which they learned that the baby was big in size.

Sajeda went to her parents' house at Mahimaganj, a few miles away from her husband's house at Jagadishpur, during her pregnancy and for delivery. She decided to have her delivery assisted by a Traditional Birth Attendant (TBA) as she could not afford the cost of going to a hospital.

Sajeda felt pain in her lower abdomen one evening, which turned into labor pain by midnight. Her mother called for the TBA the following morning, who found that there was no movement of the fetus. Realizing that she could not perform the delivery, the TBA called Rebeka Sultana. They took Sajeda into Mohimaganj UH&FWC and admitted her there. By noon that day, Sajeda gave birth to a baby boy weighing 5 kg, but the baby was neither crying nor moving and his skin was bluish in color. Believing he had died, Sajeda could not stop crying the thought that she would never see her son alive.

Fortunately, Rebeka was trained to revive newborn babies who fail to breathe at birth. Using the Helping Babies Breathe (HBB) protocol, and equipped with the necessary bag, mask, and sucker, she could attempt to resuscitate the newborn. Rebaka quickly separated the baby from the mother, dried and cleaned the nose and mouth with the Penguin Sucker, and began to stimulate him. As there was no response, she resuscitated the baby artificially with the bag and mask device. Unfortunately, the baby was still not responding at all so she repeated the process. After five minutes of ventilation, the baby began to move a little. Rebeka kept trying for five more minutes and, finally, the baby began to breathe normally.

The parents were short of words to thank Rebeka for saving the life of her newborn son. Sajeda Akter shared her emotions, "Thanks to Allah, I feel extremely blessed to have my son alive."

Annex 5: Collaboration with TRAction project to reduce newborn mortality through targeted intervention in Jaintapur upazila, Sylhet

Inauguration of Special Care Newborn Unit at Jaintapur UHC by local MP Mr. Imran Ahmed

MaMoni HSS is collaborating with the TRAction project to reduce newborn mortality in Jaintapur upazila of Sylhet.

Overall the targeted intervention/differential management approach involves two sets of activities - surveillance and then targeting and management. As part of the intervention, a Special Care Newborn unit (SCANU) was established in Jaintapur upazila Health Complex in March 2013. An additional room to care for newborns with sepsis has also been established.

The entire upazila is divided into 21 units with each unit divided into 40 blocks. One Community Health Worker (CHW) is assigned to each of the units and for each block one CV is selected. The average population of each block is 300 individuals. The six unions of Jaintapur upazila are divided into four paramedic clusters and one paramedic is responsible for each of the clusters. CHWs of a cluster notify their paramedic for any maternal/newborn assessments and referrals.

All the referred newborn cases receive essential services at the SCANU located in the Upazila Health Complex, Jaintapur. A team of one medical officer and two nurses/paramedics provide services around the clock at the SCANU. MaMoni HSS has placed four medical officers and six nurses under the supervision of upazila health and family planning officer (UH&FPO). All of the service providers have received training on emergency triage and treatment (ETAT) from BSMMU and hands-on training from the pediatric department of Sylhet Osmani Medical College Hospital. The project has supplied all necessary equipment, drugs and logistics required for SCANU.

An admitted newborn being treated at Jaintapur UHC

The total population of Jaintiapur upazila (174,449) is under coverage of the intervention, where the registered Married Women of Reproductive Age (MWRA) numbers 28,981. During April 2014 - June 2014, the CHWs tracked 1,090 deliveries. A total of 865 (79%) deliveries took place at home and 225 (21%) deliveries took place at facilities. Out of these deliveries:

- Total childbirth (includes twins) was 1,101 where 1,060 (96%) were live births and 41 (4%) were stillbirths.
- CHWs visited and assessed risk level of newborn: 71% within 6 hours of birth, 89% on 3rd day, 91% on 7th day, and 89% after 28 day.

- 117 sick newborns were admitted in the SCANU of the Jaintiapur UHC.
- The causes of the 117 admissions were: infection/sepsis – 55 (47%), birth asphyxia – 37 (32%), preterm – 19 (16%), and jaundice – 6 (5%)
- 5 newborns died in the SCANU of the Jaintiapur UHC. Total neonatal deaths for Jaintiapur upazila during this period was 20 (neonatal mortality rate:18.87/1000 LB)

Annex6: Performance Indicators (October 2013-June 2014)

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Project Goal: Improve utilization of integrated maternal, newborn, child health, family planning and nutrition services[2]						
Prevalence of modern contraceptive methods use	Percent					
Lakhsmipur		DHSS 2013	48.2	49.2		
Noakhali		DHSS 2013	44.4	45.4		
Habiganj		MaMoni 2012	40.6	42.6		
Bhola		DHSS 2013	54.4	56.0		
Jhalokathi		BMMS 2010	47.4	48.0		
Pirozepur		BMMS 2010	47.7	49.0		
Brahmanbaria		BMMS 2010	35.4	NA		
Couple-years of protection (CYP) in USG-supported programs	**Couple-years**					
Lakhsmipur		2013	158,305	174,135	107,967	
Noakhali		2013	214,571	236,028	166,328	
Habiganj		2013	166,771	183,448	123,587	
Bhola		2013	229,705	252,675	57,624	Started from Q3
Jhalokathi		2013	73,814	81,196	17,212	Started from Q3

[1] Baseline and targets for Bhola, Pirozepur, Jhalokathi and Brahmanbaria will be revised in 2015 based on the data from the first Tracer Indicator Survey in those districts

[2] Population-based coverage data will be reported on annual basis

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Pirozepur		2013	122,977	135,274	29,875	Started from Q3
Brahmanbaria		-	-			To start in 2015
Total			1,053,395	1,146,034		
Percent of women received at least one antenatal care during pregnancy for the most recent birth from a skilled provider	Percent					
Lakhsmipur		DHSS 2013	60.1	62.0		
Noakhali		DHSS 2013	52.8	55.0		
Habiganj		MaMoni 2012	37.1	45.1		
Bhola		DHSS 2013	44.3	47.0		
Jhalokathi		BMMS 2010	53.9	55.0		
Pirozepur		BMMS 2010	41.3	43.0		
Brahmanbaria		BMMS 2010	56.8	NA		
Percent of Births receiving at least 4 antenatal care (ANC) visits during pregnancy[3]	Percent					
Lakhsmipur		DHSS 2013	13.6	15.0		
Noakhali		DHSS 2013	11.5	13.0		
Habiganj		MaMoni 2012	8.6	13.0		
Bhola		DHSS 2013	13.8	16.0		

[3] BMMS data is for ANC 4 or more visits from any provider

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Jhalokathi		BMMS 2010	20.3	22.0		
Pirozepur		BMMS 2010	10.2	12.0		
Brahmanbaria		BMMS 2010	17.7	NA		
Percent of Births Attended by a Skilled Doctor, Nurse or Midwife	**Percent**					
Lakhsmipur		DHSS 2013	34.0	35.5		
Noakhali		DHSS 2013	33.4	34.9		
Habiganj		MaMoni 2012	19.4	24.0		
Bhola		DHSS 2013	21.7	23.0		
Jhalokathi		BMMS 2010	28.1	29.1		
Pirozepur		BMMS 2010	24.1	25.1		
Brahmanbaria		BMMS 2010	22.8	NA		
Percent of newborns initiated breastfeeding within one hour after birth	**Percent**					
Lakhsmipur		DHSS 2013	52.6	55.0		
Noakhali		DHSS 2013	53.1	55.0		
Habiganj		MaMoni 2012	64.7	66.0		
Bhola		DHSS 2013	70.7	72.0		

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Jhalokathi		BDHS 2011[4]	43.6	55.0		
Pirozepur		BDHS 2011	43.6	55.0		
Brahmanbaria		BDHS 2011	46.2	NA		
Percent of newborns that received postnatal check-up within first two days of delivery from a medically trained provider	**Percent**					
Lakhsmipur		DHSS 2013	12.1	13.6		
Noakhali		DHSS 2013	10.5	12.0		
Habiganj		MaMoni 2012	17.7	19.8		
Bhola		DHSS 2013	6.8	7.3		
Jhalokathi		BDHS 2011	26.3	22.0		
Pirozepur		BDHS 2011	26.3	22.0		
Brahmanbaria		BDHS 2011	26	NA		
Percent of mothers receiving postnatal health check within first two days of delivery from a medically trained provider						
Lakhsmipur		DHSS 2013	16.3	18.0		
Noakhali		DHSS 2013	12.9	18.0		
Habiganj		MaMoni 2012	17.7[5]	20.0		

[4] All data from BDHS are Divisional estimates
[5] Habiganj mid-term 2012 measured PNC within e days of delivery

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Bhola		DHSS 2013	10.1	12.0		
Jhalokathi		BMMS2010	14.0	18.0		
Pirozepur		BMMS2010	9.6	12.0		
Brahmanbaria		BMMS2010	24.2	NA		
Percent of women with home births who consumed misoprostol to prevent post-partum hemorrhage	**Percent**					
Lakhsmipur		Tracer Indicator survey ,2014	7.9	10.0		
Noakhali		Tracer Indicator survey ,2014	7.2	10.0		
Habiganj		Tracer Indicator survey ,2014	39.2	45.0		
Bhola			NA			
Jhalokathi			NA			
Pirozepur			NA			
Brahmanbaria			NA			
Intermediate Result 1: Improve service readiness through critical gap management						
Number of targeted facilities that have essential components to provide essential newborn care	Number	2013	22	60	22	
Number of targeted facilities that have essential component to provide family planning services	Number	2013	215	339	215	

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Percent of targeted facilities providing delivery services 24 hours a day, seven days a week	Number	2014	09	24	16	Includes only upgraded UH&FWCs
Sub-IR 1.1: Increase availability of health service providers						
Number of vacant positions filled by temporary non-GOB health workers		2013	81	169	190	Includes FWA, FWV and SSN positions
Sub-IR 1.2: Strengthen capacity of service providers to provide quality services						All training targets will be set during annual workplans
Number of people trained in maternal/newborn health through USG-supported programs	Number			8834	5520	Includes training on cMPM, HBB and SBM-R
Number of people trained in FP/RH with USG funds	Number			526	22	
Number of people trained in child health and nutrition through USG-supported programs	Number			424	81	
Sub-IR 1.3: Strengthen infrastructure preparedness to improve MNCH service utilization						
Number of facilities upgraded to provide MNCH/FP/N services through USG support	Number	2013	7	18	22	Includes major or minor inputs from the project
Intermediate Result 2: Strengthen health systems at district level and below						
Percent/Number of targeted facilities recognized for achieving set quality standards	Number	2013	Nil	Nil	Nil	
Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide	Percentage	2013	NA	<30	Condom: 3.0 % Pill: 1.0 % IUD: 1.6 % Injectable: 3.3% Implant: 0.0 %	

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Sub-IR 2.1: Improve leadership and management at district level and below						
Percent of planned supervision visit conducted where a supervision tool was used	Percentage			80	61/77 (79.2%)	
Sub-IR 2.2: Improve district-level comprehensive planning (including human resources) to meet local needs						
Number of districts with updated comprehensive annual MNCH/FP/N plan	Number	2013	Nil	3	Nil	
Number of community microplanning units conducting monthly meeting	Number	2013	924	2930	762	
Sub-IR 2.3: Strengthen local management information systems						
Number of unions using automated system to integrate facility and community MNH data	Number	2013	Nil	10	10	RHIS pilot in one upazila in Habiganj
Sub-IR 2.4: Establish quality assurance system at district level and below						
Percent of targeted facility received visit by a clinical quality assurance team (RRQAT) visit				NA	Nil	
Sub-IR 2.5: Develop comprehensive logistic management systems at district level and below						
Number of upazila implementing a comprehensive LMIS for MNCHFP commodities	Number	2013	Nil	5	5	Only DGFP commodities
Sub-IR 2.6: Strengthen local government planning and engagement in health service provision						
Percent of Union Parishads (UPs) in a district that allocated budget for MNCHP/FP/N in the current year	Percent	2013	72/77	180/377 (50%)	142/377 (37.7%)	
Sub-IR 2.7: Improve local governance and oversight for MNCH/FP/N						

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Percent/number of Union Parishads (UPs) in a district that have active Health and Family Planning Standing Committees	Percent		72/77	180/377 (50%)	83/377 (22.0%)	
Intermediate Result 3: Promote enabling environment to strengthen district level health system						
Number of critical vacancies filled by GoB recruitment in project areas	Number	2013	N/A	5	30	FWA positions filled between Jan 2013-Dec 2014 in Habiganj
Sub-IR 3.1: Policy reforms in place to promote local planning and need-based human resource deployment in the public sector						
Number of policies/ strategies/guidelines on MNH developed/revised with MaMoni HSS support	Number			4	2	
Sub-IR 3.2: Strengthen advocacy and coordination for adoption of evidenced-based learning in national policy and program						
Number of MNCH/FP/N advocacy initiatives held in reporting quarter	Number	2013	NA	4	1	
Intermediate Result 4: Identify and reduce barriers to accessing health services						
Number of deliveries with a SBA in USG-assisted programs	Number	2013	54,444	71,042	26,640	Cumulative till June 2014
Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	Number	2013	259,041	423,233	281,813	Cumulative till June 2014
Sub-IR 4.1: Promote awareness of MNCH through innovative BCC approaches						
Number of people reached through project supported BCC activities	Number	2013	NA	100,000	NA	New indicator. Will be reported from Q4

Indicator	Unit of Measure	Baseline Year	Baseline Value	2014 Target[1]	Achievement (Cumulative till June 2014)	Remarks
Sub-IR 4.2: Enhance community engagement in addressing health needs						
Number of trained community volunteers promoting MNCHFPN through project support	Number	2013	14,000	27,000	26,930	
Number of Community Action Groups with an emergency transport system for maternal and newborn health care through USG-supported programs	Number	2013	2,126	5,212	1,125	